



Children's Mental Health Waiver Team Meeting Minutes

This document should be completed to record Team discussions and work to address issues separate from specific modifications to the Individual Service Plan

Name of Youth: _____

Date of Current Service Plan: _____ Date of Team Meeting: _____

Reason for Meeting:

Discussion:

Agreed upon Actions to be Taken:

Scheduled Follow-up:

Signatures of Family Care Team Members present (including youth and family):

_____	_____
_____	_____
_____	_____

Family Care Coordinator: _____

Date: _____